MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51			1				
2		1					52			1				
3		1					53			1				
4		2					54			1				
5		0					55		1					
6		0					56			1				
7		0					57			1				
8		0					58			1				
9	1						59			1				
10		1					60			1				
11		1					61			2				
12		2					62			1				
13		2					63			1				
14		2					64							
15		2					65							
16		0					66							
17		0					67							
18		0					68							
19		0					69							
20		0					70							
21		0					71							
22		0					72							
23		0					73							
24	1						74							
25		1					75							
26		1					76							
27		1					77							
28		1					78							
29		1					79							
30		1					80							
31		1					81							
32		1					82							
33		1					83							
34		1					84							
35		1					85							
36		1					86							
37		1					87							
38		1					88							
39		1					89							
40		1					90							
41		1					91							
42	1	1					92							
43	1						93							
44		1					94							
45		1					95							
46		1					96							
47		1					97							
48		1					98							
49		1					99							
50		1					100							
TOTAL IND.	5						TOTAL IND.		1			4		
		61					TOTAL DEP.		13			63		